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17.00  
+ 2.00 Non  
Commissioners

ORDINANCE 2011-02

**ORDINANCE ESTABLISHING FEE SCHEDULES  
FOR SERVICES AND RECORDS PROVIDED BY THE  
BOONE COUNTY HEALTH DEPARTMENT**

WHEREAS, Boone County, Indiana, acting through the Boone County Board of Commissioners, on May 9, 2005, adopted Ordinance 2005-12 entitled Ordinance Establishing Fee Schedules for Services and Records Provided by the Boone County Health Department ("Health Department") and on August 20, 2007, adopted Ordinance 2007-18 amending Ordinance 2005-12; and

WHEREAS, since the adoption of Ordinance 2005-12 and 2007-18, the costs for services and records provided by the Health Department have increased; and

WHEREAS, Boone County, Indiana, now desires to amend the aforementioned Ordinances to provide for an increased fee scheduled to reflect the increased costs of providing the services and records by the Health Department. The revised fee schedules are attached hereto as Exhibit A and Exhibit B; and

WHEREAS, the Boone County Commissioners desire to ratify, affirm and continue in full force and affect Ordinance 2005-12 enacted by them on May 9, 2005, and Ordinance 2007-18 enacted by them on August 20, 2007, except as amended herein.

NOW THEREFOR, BE IT NOW ORDAINED by the Board of Commissioners of Boone County, Indiana, as follows:

Ordinance 2005-12 and 2007-18 are hereby amended to incorporate the revised fee schedules for the Health Department as reflected in the attached Exhibit A and Exhibit B.

In all other respects Ordinance 2005-12 and 2007-18 are hereby ratified, confirmed and approved and continued in full force and effect.

ALL OF WHICH IS ORDAINED, ENACTED AND ADOPTED by the Boone County Commissioners this 18<sup>th</sup> day of January, 2011.

## EXHIBIT A

### PERMIT FEES-ENVIRONMENTAL HEALTH DIVISION BOONE COUNTY HEALTH DEPARTMENT

#### Onsite Sewage System Permits (410 IAC 6-8.2)

Residential	
New Installation Application Fee	\$150.00
Permit Fee	100.00
Commercial	
Application Fee (if local review)	\$150.00
Permit Fee	200.00
Septic Installer Registration Fee	\$ 25.00

#### Well Permits

Well Permit	\$ 60.00
Well Pump Permit	60.00
Well Driller's/Pump License-First License	25.00

#### Public and Semi-Public Swimming Pools Permits

Year Round	\$150.00
Seasonal	150.00
Additional	100.00
Plan Review	100.00

#### Food Protection Program Permits

New Plan Review	\$150.00
Bed and Breakfast (B&B)	100.00
Food Establishment	
1-50 Seats	\$ 25.00
51-100 Seats	75.00
More than 100 Seats	125.00
Retail Food Permits	
0-2,999 Sq. Ft.	\$ 25.00
3,000-6,999 Sq. Ft.	75.00
7,000+ Sq. Ft.	125.00
Temporary Food Establishment	70.00 per event
Multi Event Temporary	210.00
Commissary	100.00
Mobile Food Establishment	140.00
Farmer's Market	70.00 for the season
Farmer's Market Food Establishment	70.00 seasonal, per market

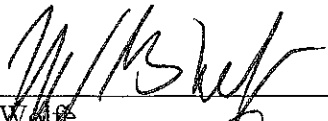
\*Late fees for Food Establishment and B&B Permits will be \$100.00 if the permit is renewed after January 1<sup>st</sup> (excluding new establishments). All other permits, the late fee will be double the amount of the permit fee.


## EXHIBIT B

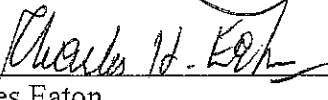
### BOONE COUNTY HEALTH DEPARTMENT Nursing & Vital Records Division PERMIT FEES

Certified Death Certificate	\$10.00 first copy \$6.00 each additional copy
Un-Certified Death Certificate	\$6.00 each
Certified Birth Certificate	\$10.00 each
Un-Certified Birth Certificate	\$6.00 each
Amendment to Birth Certificate	\$6.00 per amendment
Home Birth Registration	\$10.00 each
Paternity Affidavit	\$10.00 each
Genealogy search	\$5.00 per name
Notary fee	\$5.00 per document
Injection Fee	\$6.00
Tuberculosis skin test (PPD)	\$10.00
Influenza Vaccine Injection	Current Medicare reimbursable amount
Pneumonia Vaccine Injection	Current Medicare reimbursable amount
Other purchased vaccines	Cost plus Injection fee
Educational Instructor Fee	\$30 per 30 minutes per Instructor

**BOARD OF COMMISSIONERS OF  
BOONE COUNTY, INDIANA**

By:   
Jeff Wolfe

By:   
Marc Applegate

By:   
Charles Eaton

Attest:

  
Melody Price  
Boone County Auditor

"I AFFIRM, UNDER THE PENALTIES FOR PERJURY,  
THAT I HAVE TAKEN REASONABLE CARE TO REDACT  
EACH SOCIAL SECURITY NUMBER IN THIS  
DOCUMENT, UNLESS REQUIRED BY LAW."

NAME: 